



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 811

June 24, 2009

TO: Iowa Medicaid Advanced Registered Nurse Practitioners, Ambulance, Audiologists, Behavioral Health, Birthing Centers, Chiropractors, Clinics, Dentists, Durable Medical Equipment and Supply Dealers, Family Planning, Independent Lab, Lead Investigation Agency, Occupational Therapists, Opticians, Optometrists, Orthopedic Shoe Dealers, Pharmacists, Physical Therapists, Physicians, Podiatrists, Psychologists, and Rehabilitation Agency Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Translation and Interpretation Services

Effective July 1, 2009 Iowa Medicaid will open two procedure codes for Translation and Interpretation Services. These codes are to be used by providers reimbursed by a fee schedule. The codes include:

- T1013 sign language or oral interpretive services
 - 15 minute unit
 - Fee schedule maximum of \$15.00 per unit
- W5023 Telephonic oral interpretive services
 - One minute unit
 - Fee schedule maximum of \$1.70 per unit

In order for translation/interpretation services to be covered by Iowa Medicaid, the services must meet the following criteria:

- Provided by interpreters who provide **only** interpretive services.
- Interpreters may be employed or contracted by the billing provider.
- The interpretive services must facilitate access to Medicaid covered services. Providers may only bill for these services if offered in conjunction with an otherwise Medicaid covered service. Medical staff that are bilingual are not reimbursed for the interpretation but only for their medical services.
- Reimbursable time may include the interpreter's travel and wait time.

Documentation of the service

The billing provider must document in the patient's record the interpreter's name, company, date and time of the interpretation, service duration (time in & time out), and the cost of providing the service.

Qualifications

It is the responsibility of the billing provider to determine the interpreter's competency. Sign language interpreters should be licensed pursuant to Iowa Administrative Code 645 Chapter 361. Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care (www.ncihc.org)

Billing of Interpretive Services

- If Medicaid is primary or secondary to TPL, then the interpretive services code must be on the same claim form as a payable Medicaid service. If there is not a payable covered service, then the entire claim will deny, including the interpretive codes. The provider should then correct the claim, if applicable, and resubmit codes for all services provided.
- If Medicare is prime and has paid a service but denied the interpretive service, then the provider will follow the established protocol for billing a non-Medicare covered service. The 1500 claim form will be submitted for the interpretive code only and will be accompanied by the EOMB that shows the paid Medicare service and denied interpretive service code.

Providers reimbursed via cost reports.

Providers such as hospitals, Federal Qualified Health Centers, Rural Health Clinics, Community Mental Health Centers, Remedial, Local Education Agencies, or Targeted Case Management whose reimbursement currently includes translation and interpretation services in the rates for their services will not use these new codes. Medicaid will continue to provide reimbursement by inclusion of these costs in the cost report methodology and not by billing the procedure codes listed above. Only providers reimbursed by fee schedule will bill these codes.

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us